POSITION	INITIALS	IB NO.	DATE
FEE DETERMINATION	TD		10-25-00
O.I.P.E. CLASSIFIER	KD	45	10/31
FORMALITY REVIEW	KD	64 954	12 2000
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ ..... Rejected
= ..... Allowed
— (Through numeral)... Canceled
÷ ..... Restricted
N ..... Non-elected
I ..... Interference
A ..... Appeal
O ..... Objected

Claim Final	Claim Original	Date										
	1	✓	✓	=	✓							
	2	✓	✓		—							
	3	✓	✓		—							
	4	✓	✓		—							
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	49	✓	✓		—							
	50	✓	✓	=	✓							

Claim Final	Claim Original	Date										
	51	✓	✓	=	O							
	52	✓	✓		✓							
	53	✓	✓		—							
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If more than 150 claims or 10 actions staple additional sheet here

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